

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/719058

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7		1					57					
8		1					58					
9	1						59					
10		1					60					
11		1					61					
12		31					62					
13		31					63					
14		31					64					
15		31					65					
16		31					66					
17		31					67					
18		31					68					
19							69					
20							70					
21							71					
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24							74					
25							75					
26							76					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS	7						TOTAL CLAIMS					